

MISSOURI DEATH - STANDARD CERTIFICATE OF DEATH

-62-008024

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2022

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis,		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hospital		d. STREET ADDRESS (If outside, give location) 2926 Chippewa St.	

3. NAME OF DECEASED (Type or print) First William Middle M. Last Fehr		4. DATE OF DEATH Month February Day 17, Year 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/1902
9. AGE (last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionery Store Owner	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Michael M. Fehr		13b. MOTHER'S MAIDEN NAME Veronica Koch	
14. NAME OF HUSBAND OR WIFE Woody K. Fehr		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Mrs. Woody K. Fehr 2926 Chippewa St.	

18. CAUSE OF DEATH (Enter only one cause per line for each death. If more than one cause, state the underlying cause last.)

IMMEDIATE CAUSE (a) CORONARY OCCLUSION

DUE TO (b) WITH CONGESTIVE FAILURE

DUE TO (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH 18 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from 2-16-62 to 2-17-62 and last saw her alive on 2-17-62
Death occurred at 9:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	(Degree or title)	22b. ADDRESS 812 [Address]	22c. DATE SIGNED 2/19/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 20, 1962	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri.
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary	25. DATE RECD. BY LOCAL REG. FEB 19 1962	26. REGISTRAR'S SIGNATURE [Signature]
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4249

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.